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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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FEC FORM 3X

Rev. 12/2004

1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	g, type 12FE	4M5	
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2.	FEC IDENTIFICATION N	UMBER ▼ CIT	YA	STATE ▲	ZIP CO	DE ▲
	C 0 0 5 7 1 1	1 1 1		N) OR	AMENDED (A)	
4.	TYPE OF REPORT (Choose One)	Report 🖼		May 20 (M5)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
	(a) Quarterly Reports:					(Non-Election Year Only)
	April 15 Quarterly Report ((01)	20 (M4) J	lul 20 (M7)	<u> </u>	Jan 31 (YE)
	July 15	(C) 12-Day	Primary (12P) Ger	neral (12G)	Runoff (12R)
	Quarterly Report (October 15 Quarterly Report (Heport for the:	Convention (12C) Spe	cial (12S)	
	January 31 Year-End Report (Clockie	n on/	0 · 0 / V · V · V	in the State of	of C
	July 31 Mid-Year Report (Non-electi Year Only) (MY)	POST-Election	General (30G	a) 🔲 Run	noff (30R)	Special (30S)
	Termination Report (TER)	Report for the:	on on Mrw /	<u> </u>	in the	of
5. Covering Period 0 1 2015 through 0 7 3 1 2015						
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.						
Type or Print Name of Treasurer Heidi Sieck						
Signature of Treasurer Date Date Date						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.						